

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 110
Registered No. 642

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ of Village _____

City Miami No. 119 Mex. Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maria de la Asencion Reguosa } If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female } To be answered ONLY in event of plural births. } 4. Twin, triplet or other _____ 5. No., in order of birth _____
6. Legitimate? yes 7. Date of birth Nov-5-1930
Month Day Year

8. FATHER
Full name Ignacio Reguosa
9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona
10. Color or race Mex
11. Age at last birthday 24 (Years)
12. Birthplace (city or place) Jalisco
(State or country) Mex.
13. Occupation
Nature of Industry Miner

14. MOTHER
Full maiden name Solidad Gutierrez
15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona
16. Color or race Mex
17. Age at last birthday 21 (Years)
18. Birthplace (city or place) Jalisco
(State or country) Mex.
19. Occupation
Nature of Industry Housewife

20. Number of children of this mother... } (a) Born alive and now living 3
(Taken as of time of birth of child herein } (b) Born alive but now dead 0
certified and including this child.) } (c) Stillborn 0
21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE - 30

I hereby certify that I attended the birth of this child, who was born alive at 5 A. m. on the date above stated.
(Born alive or stillborn)

Signature Cyril M. Brown M.D. (Physician or midwife.)

Given name added from a supplement report _____ Address Miami, Arizona

Month, day, year _____ Filed Dec 17 1930 Registrar C. E. Jern

491-1105-279